

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

223026

TYPE:    ☒ IXC                      ☐ CLEC                      ☐ ILEC                      ☐ Wireless

## CERTIFICATED COMPANY INFORMATION

1998-621-C

Enhanced Communications Network Inc  
Company Name

\_\_\_\_\_  
Dba/fka

626-445-6636 x-884

\_\_\_\_\_  
Telephone #

1031 South Glendora Ave

\_\_\_\_\_  
Mailing Address

West Covina, CA 91790

\_\_\_\_\_  
City, State, Zip Code

1031 South Glendora Ave

\_\_\_\_\_  
Business Location

West Covina, CA 91790

Los Angeles

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
County

## REGISTERED AGENT INFORMATION

Registered Agent: B Allston Moore Jr.

Mailing Address: 5 Exchange Street

City, State, Zip Code: Charleston, SC 29401

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Thomas J Haluskey  
**General Manager** (Include address if different than above.)  
626-445-6636 / 626-582-1276 / Thomas.haluskey@ecntel.com  
Telephone Number                      Facsimile Number                      E-mail Address
- B. Rosa Lu  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
888-888-8881 / 626-582-1276 / cs@aaats.com  
Telephone Number                      Facsimile Number                      E-mail Address
- C1. Thomas J Haluskey  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
626-445-6636 x884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number                      Facsimile Number                      E-mail Address
- C2. 888-888-8881  
**Customer Contact (Toll Free Number)**
- D. Thomas J Haluskey  
**Engineering Operations** (Include address if different than above.)  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number                      Facsimile Number                      E-mail Address
- E. Thomas J Haluskey  
**Test and Repair** (Include address if different than above.)  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number                      Facsimile Number                      E-mail Address

RECEIVED  
JUN 9 8 2010  
PSC  
MAIL/DMS

F. Thomas J Haluskey  
**Emergencies** (During non-office hours)  
626-327-9857 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Thomas J Haluskey  
**Regulatory Officer** (Include address if different than above.)  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

H. Thomas J Haluskey  
**Dual Party Mailings** (Name)  
1031 South Glendora Ave West Covina, Ca 91790  
Mailing Address  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

I. Thomas J Haluskey  
**Interim LEC Fund Mailings** (Name)  
1031 South Glendora Ave West Covina, CA 91790  
Mailing Address  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

J. Thomas J Haluskey  
**Universal Service Fund Mailings** (Name)  
1031 South Glendora Ave West Covina, CA 91790  
Mailing Address  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

K. Thomas J Haluskey  
**Gross Receipts Mailings** (Name)  
1031 South Glendora Ave West Covina, CA 91790  
Mailing Address  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

L. Thomas J Haluskey  
**Lifeline Mailings** (Name)  
1031 South Glendora Ave West Covina, CA 91790  
Mailing Address  
626-445-6636 x-884 / 626-582-1276 / thomas.haluskey@ecntel.com  
Telephone Number Facsimile Number E-mail Address

Thomas J Haluskey  
This form was completed by (print name)

  
Signature

Director of Operations  
Title

3-23-2010  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)